

**Enrollment Workgroup
Draft Transcript
June 28, 2010**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Good morning, everybody, and welcome to the Enrollment Work Group call. Just a reminder, this is a federal advisory committee, so there will be opportunity at the end of the call for the public to make comments. Let me do a quick roll call. Aneesh Chopra?

Aneesh Chopra – White House – CTO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sam Karp?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul Egerman? Cris Ross? Jim Borland? Jessica Shahin?

Laura Griffin

This is Laura Griffin representing Jessica Shahin and Kevin Contanon.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, thank you. Stacy Dean? Steve Fletcher?

Steve Fletcher – State of Utah – Chief Information Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Reed Tuckson?

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Ronan Rooney?

Ronan Rooney – Curam Software – CTO & Cofounder

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sue Kaufmann is on for Rob Restuccia. Ray Baxter? Deborah Bachrach? Bill Oakes? Ruth Kennedy?

Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oren Michels? Wilfried Schobeiri?

Wilfried Schobeiri – InTake1

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Terri Shaw? ...?

W

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Dave Molchany?

David Molchany – Fairfax County, VA – Deputy County Executive

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Elizabeth Royal?

Elizabeth Royal

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bryan Sivak?

Bryan Sivak – Government of D.C. – Chief Information Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Claudia Williams?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bobbie Wilbur?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sharon Parrott?

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Nancy DeLou? Gary Glickman? John Galloway? Donna Schmidt? David Hale? Paul Swanenburg?

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Hansell?

M

Michael ... for David Hansell.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right, Julie Rushin?

Gina Garza

This is Gina Garza for Julie Rushin.

Judy Sparrow – Office of the National Coordinator – Executive Director

Chris Kem? Penny Thompson? Henry Chao? Tony Guajardo?

Tony Guajardo

Tony Guajardo is here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, and I believe that's it. Did I leave anybody off?

W

Before we begin, I would just like to remind everybody to keep their phones on mute when they are not speaking and their speaker is off, so we can hear everybody clearly.

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

This is Stacy Dean, I don't know if you called me.

Judy Sparrow – Office of the National Coordinator – Executive Director

I did. Thanks, Stacy. And I'll turn it over now to Aneesh and Sam.

Aneesh Chopra – White House – CTO

Thank you very much. I want to thank everyone for joining today. This is Aneesh. What we're going to do is that Sam and I are going to walk through a deck that I hope most have seen or have access to. It's probably 15 or 16 slides. What we're going to try to do is to one, through the agenda, have conversation though, so you're not sitting here listening to just our going on, if you will. But we will have specific moments in time where we can engage in conversation. If you can look at the agenda, which is on page three of the slides, if you recall a getting a copy, we just have a handful of items we want to cover today.

The first is a quick review of the takeaways from the first meeting. Perhaps the most meat, if you will, is the discussion of a base use case to take our conceptual discussion last time and turn it into an area where we can focus on work moving forward. Three, to agree on areas of specific focus for standards, thinking of the use case as an example of where we might get started, and then a couple of housekeeping items, one, the timeline for our work group efforts and more specifically how we should approach the agenda for the July 2nd conversation. So without much further ado, I would like to walk us through the first couple of these slides and then engage in some conversation, if you will.

If you remember our policy principles—For those of you following along on the Webinar, this would be on page five. If you recall we had said up front, a couple of key areas that would guide the work moving forward, and perhaps the most important of those principles is the headline that these standards and technology activities are in support of policy goals. A lot of those policy goals are still in flux as we heard a wonderful amount about at the last hearing. But the premise is, as you can see from the bullets without going into much further detail, at the end of the day, this is about making the process less burdensome and more simplified to make it easier for consumers to engage the myriad human services programs that we believe they are entitled to. Obviously a major emphasis is on the 2014 environment, which has specific implications around the insurance exchanges. But at the end of the day as we said at the outset, we will not be actually shifting policy through the standards work, we will actually be providing hopefully a flexible foundation in support of multiple policy objectives.

I'm going to do one more of these reprisals, if you will, and then get engaged on making sure we got agreement and clarity on these principles. If we flip to the next page, that would be page six, we highlighted a few operating principles. These came out of the standards committee from the health IT community as the basis for them, so we simply carried them over here with the most important of these to essentially keep things simple. While we have big ambitions, we're going to obviously start small. The goal here is to make sure that the standards we recommend require as limited amount of additional investment as possible to maximize the results. The goal here obviously is to ensure that we're not on the one extreme, ripping and replacing all of the existing interfaces that we know are working and operational as many you talked about during SSA testimony on CHIPRA. The similar concept here is that instead of saying what we won't be doing, we're also very much encouraging to advance the adoption of those common standards where they've already been proven.

The premise behind not letting the perfect be the enemy of good enough to the extent that we can move forward through rough consensus will be a key principle for our work. There was a healthy degree of conversation about how we can engage on the core, share data elements that are necessary regardless of what of policy framework will call for. Although it would be almost impossible to represent every single element you would need on every single use case, so that was the tension that we were grappling with on balancing that second point.

The implementation costs here, the goal is to be as focused on cost effectiveness as humanly possible. We've highlighted an example of how one might consider this in the spirit of Web services. We had some testimony about that in an afternoon panel that was really exciting for the group to engage on. Last and certainly not least, this is not about a single one size fits all standard that would create a great deal of burden and complexity at the local level. This is essentially about the key data elements and messaging standards in support of whatever business logic and policy framework they would be utilized for.

Let me pause there and just allow us to have a little bit of a conversation to make sure we all agree on these core principles as we did in the first meeting, but to make sure we had a chance just to comment for a few minutes on whether that was, in fact, are we all on the same page. I forget the protocol for how you raise your hand in these circumstances. I don't, operator, if you have a way of knowing if someone

wants to contribute or we just dive in, take your phone off of mute. You're welcome to say a word or two if you wish or we can continue and dive into the base case itself.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, as long as they just announce who they are.

Aneesh Chopra – White House – CTO

Hearing no controversy, I'll pause one more second to make sure if anyone is feeling particularly shy and then we'll move on to the base case. Taking that as an agreement that we're all on the same page, why don't we move now the base use case? This is available on page seven.

Our base case asks for a very simple proposition, a consumer facing Web portal that would allow applicants to do the following key features. Number one, to identify available services for which they might be eligible; two, to conduct some component of an initial screening and to do the enrollment checking to allow for at least the first pass, if you will, of those applicants. The method by which that checking may be done would be through electronic verification of information that would come mostly presumably from outside sources, in many cases, federal agencies. Fourth, that we determine eligibility or, and this is an important point, for the eligibility packet, if you will, both the information collected at the screening process and whatever verification information that had been accumulated to programs for final determination. Certainly last but not least, how that information could be stored and reused to the extent that they were necessary for future human services programs or programs that were not in the immediate scope of the policy constrained, which those were established.

With that base use case in mind, if you can move to page eight, I will go through page eight and then nine and then we'll pause. This is where I'm hoping we can have some discussion, so please don't be shy here. On page eight we identified a number of specific eligibility enrollment scenarios where we think this base case could help achieve. Many of us were engaged in the conversation of what exactly is the scope of this committee and how many activities might we wish to support. We highlighted a number of them and they're described here on page eight. The scenario number one was very much focused on the insurance exchange, the programs that will be live in 2014 where we were screening, verifying and checking availability for basically the income eligible group for Medicaid and for the CHIP programs that will be published or available through the exchanges. And specifically the scenario here is how might information packets be shared, in this case specifically with Medicaid, which would obviously be a major recipient of this information.

The second scenario is to broaden the scope of just insurance programs to also include TANF and SNAP. That this program would definitely support verification eligibility for residual Medicaid TANF and SNAP applications, and again in the same premise how it would send and receive information packets in a manner that is safe and secure and clearly, in this scenario the ability to reuse these eligibility information and verification components for other programs. And then the third scenario is the full Monty, if you will, a combined initiative concept where all of Medicaid, CHIP, all the other components of the exchange and any other permutations therein would be made available.

In other words the premise behind this slide is that base use case we've defined hopefully would provide value in any of these scenarios, which are obviously scenarios that are up for the policy makers to engage on. And to demonstrate this from a graphical standpoint, we thought to include, forgive our PhD and visual arts here. I'm not entirely so sure on page nine, this is our favorite, but it's our best attempt at making more real and tangible how this base use case might look from a practical standpoint. And you can see essentially the six steps that we would entail an evaluation from a status perspective, looking at the initial screening process, what is it that the applicant is providing, how that information is checked

against existing enrollments in other programs, what kind of matching capabilities are done, if you will. The need to verify, we heard a lot about the need to verify a number of these core data elements, so how we connect that applicant screening conversation into the systems that are mostly federal, but also the state systems that we had described.

Then how we think about the relationship to the eligibility criteria where you see a number of options where the portal itself makes eligibility decisions. Those decisions are then communicated to the home program. All of those options under the consideration there where that information is then forwarded on to the programs that would be described as part of that optional whatever the policy objectives are, to send them to other programs. Also we talked about the notion, I think Anne Castro's on the phone, specifically about how we think about that information flowing all the way through to the insurance plans. That's kind of a new component, if you will, in terms of traditional state communications programs and then how that information is fed back in through the portal to notify the appropriate parties.

This is the base use case, pages seven, eight and nine, that we thought gelled very neatly from the conversation we had at the last hearing. I'd like to at this point pause and engage in a conversation about is this the right use case, your reaction to this use case, how might you tailor the use case and react to it. I would welcome your chances for engagement. I am not shy from cold calling. So having teased out Anne's comments earlier, perhaps I might cold call Anne if she might start with some reaction to this use case unless others wish to step up.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Thanks, Aneesh. No, I really like your picture. I'm a picture person and seeing the flow like that is great. One thing I had not considered was the exchange portal versus a Medicaid portal versus a combined portal. I've always been thinking in terms of a combined portal just because of the complexity that individuals will have to go through in their in and out of eligibility between the exchange and the Medicaid. So, I think that might be problematic if it's a separate portal. But I see why we want to acknowledge and recognize it could be either or both ways.

We also need to consider the programs that are sponsored federally for the state by the state's decision. If they ... the exchange to the federal is that a single federal portal that might be in exchange model. Do you see what I'm getting at?

Aneesh Chopra – White House – CTO

Yes. Precisely why the policy questions are difficult and the need here is to insure flexibility. That doesn't mean you shouldn't be silent in your views as we stand up the policy process that Penny had described during her testimony, but your points are all valid.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Well, at least we should maybe make assumptions with those thoughts in mind. The other thing that comes to my mind is when we're looking at the case studies, which I think are great, what I would love to see, and I don't know if that's version one, but it's real close to one. And that is where there's variations of eligibility, so that we see the interplay on the incentives versus the tax credit. And maybe an extended case study where a person goes in and out of eligibility because of income changes, so that maybe we just fill them in a little bit more with some more key events that might play out over some period of time, because I think that's going to happen a lot. Income, eligibility, and Medicaid is going to be in and out.

Aneesh Chopra – White House – CTO

Let's take a second to comment on that if anyone wants to react. That's a very interesting comment. Anyone else want to react to the notion that this looks like a single snapshot in time, but in fact this has implications as things change. Anyone want to take that challenge up to react to that?

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

I would love to jump in on that issue. I think that there are a lot of policy issues there, but setting aside what the policy decisions are, you could very much see a household that is quickly determined ineligible for the exchange because their tax return showed them as being too low income, but now they have current higher income that makes them ineligible for Medicaid. So there's an issue of being lost in a void. Then there's the second issue of stepdad may be eligible for one thing, mom has coverage from work and the one kid is CHIP, one kid is Medicaid because they have special needs. So the filter there will be very important.

So I do think going through some case examples is really important. And the only other thing I wanted to add on this—well, two things on this picture slide is back to number five. I'm glad to hear that folks are very flexible because five may need to come after one. Some states turn around eligibility and other programs within 24 hours from when you initiate. And so states may want to have the flexibility to take that initial app and work it through their regular systems, which could be much, much faster than what you've laid out here for an exchange in Medicaid, determination Medicare, obviously there's 45 days to determine and that now ... coming through human services portal, so it shouldn't be radically difficult.

Aneesh Chopra – White House – CTO

So the takeaway from your commentary is that these look sequential when in many cases, they might be parallel transactions.

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

That's right, yes, they may stagger different on a wait to do things the way that you've got them, but what needs to happen, it's And the last thing is I would be very careful about saying things like portal mix eligibility decisions. People make decisions. It's very important for us ... because the decisions could be denials and the denials, we may need to be able to appeal them to people.

Aneesh Chopra – White House – CTO

Yes, very important words. That was the spirit, not the words Others had reactions. Is that you, Sam?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. I was going to follow Anne and I saw thought that she made a significant point about people moving between various forms of eligibility based on their incomes. That what I heard her suggesting is that as part of the flow, we ought to identify what some of these key drivers are.

David Molchany – Fairfax County, VA – Deputy County Executive

We had a comment here and that was income. The last time we met, we had a pretty nice example from IRS about the ability to ... income for student loans. In this case, one of the folks that's here with me today mentioned that income in the people, that would be the clients of this system, could be very valuable. So you may pull last year's income and it may have no relation to this year's income. So because you don't know when the person is coming in, so what the IRS have may be one bit of record, but now they're into the next year and they're not making any money or they may be making a different amount of money. So that neat example for student loans, which I thought was excellent, there may need to be something else here that allows you to show that they may have made that much money last year, but this year, to this point, there's no relationship at all.

Gina Garza – Applications Development at IRS – Associate CIO

One of the things to this point that we had hoped would be covered under the initial screening is a change in circumstance because it is true that whatever information we have is going to be from the last tax return and if there is a change to circumstance indicator somewhere, then it might require a different type of processing in order to determine whether that individual is eligible or not.

Elizabeth Royal

I just wanted to before we lose the thread from what Stacy had said about the required— if someone is denied eligibility, then there would be a need to appeal to actual people about this. I'm just wondering what is the federal and state worker role in this because you don't really see it? You see the computer pathways, but not necessarily where the people are. And maybe this should be tabled for a different day, but—

Aneesh Chopra – White House – CTO

No, no, no, the people question is in large part tied to the policy options that are available that are actually being hammered out in terms of who's doing what, where, when and how. So the premise behind these circles and these boxes is that these are meant to be messaging standards and data elements that are available for each of these component parts and that they would fit into whatever the scenario is. So in Dave's case coming out of a local government in Virginia, he has the responsibility at the local level to have his staff screen people for state funded or federally supported programs. That's a structure that's in place in places like Virginia and others, I'm sure, have their own. Fletcher over there in Utah might have a different model.

And that at the end of the day, the human beings that are engaging in this effort, whatever the process is that they're using, they would use hopefully the data element standards and the transmission standards to exchange the information that will be used by those people in those circumstances. So it wasn't meant to suggest a fully automated way of doing all of this, although obviously the intention is where appropriate and possible the reuse and the availability electronically of source information all within the constraints of the people and environment. So if you need to do something in— I don't know how Fairfax, for example, handles questions like what do you do if the income is reported is old, then there's probably policy and judgment that Dave's team has to deal with in that regard and ... people all through this electronic system making those judgments.

Oren Michels – Mashery – CEO

A couple things, one on that last point, we've built a bunch of systems like this for online enrollment, benefits enrollment in the private sector. We always knew that 80% of your enrollments were going to be the standard ... right on through. And then rest, in fact, the vast majority of your work was handling the exceptions. You always had to figure out at what point an exception could be programmed for or whether the exception had to ... to an individual. I think that the part of the standards we have to set if this is going to be an effective system is going to evolve around that. And it goes back to the thing that's missing from the diagram and missing from slide ten, which is that standards need to be provided not just for the data and the services and the interfaces, but also for how the rules are expressed. Because of each of these pieces of data, someone ... needs to verify, but the question is verify what.

There has to be rules around what the minimum acceptable verification is for eligibility. The rules have to come as a standard that is not so arcane that a programmer or coder has to go read insurance law to understand it. We as the people who are creating these rules and expecting people to build these systems need to help take the coders, the people who actually develop these programs, a bit ... process and say, "Here are the data. Here's what the data means and here are the rules that apply to the data." And, unless you have that information, the only people who could actually build to this are people who are

already so expert in the arcane ... of CHIP and exchanges and ... that you're not going to get a whole lot of diversity in application.

So I think you need to really come back a bit and talk about what it takes to build something and perhaps not go quite so far and define "portals." We don't know that a portal that's a limited portal or a larger portal, we don't know if that's going to be the right interface or if it's going to be something they access through any other number of different ways, whether they may be mobile applications or they be controlled dashboards that are used by the people in the government themselves to help with enrollment. That's a bit far afield. I think we need to step back a moment and say, "Okay, the use case is determining eligibility and enrolling, not necessarily this portal or that portal." In order to do that, we absolutely have to have a definition and understanding of the rules for every eligibility that we're planning on creating a system around.

Aneesh Chopra – White House – CTO

So let me just repeat that back to you, Oren, and then I'm going to get others on the call to join in. So the insight you're sharing is irrespective of who writes the rule, which again gets the debate about policy versus the standards discussion, the way you communicate whatever the rules are that you've set in a manner that is consistent, so others could relatively easily consume that rule and incorporate the rule in whatever the process is that we're describing.

Oren Michels – Mashery – CEO

Sure, quality decision tree or a flow chart. You need to, okay I present myself and I wish to enroll. Okay, I have to decide who you are. How do I determine who you are? Here's how I determine it and here are the standards by which I've now decided that you hit any of—it's like my I9 form. I have to have at least one of these or two of those or whatever it is, but if someone sets the standard by which the box can be checked for this person

The next question is, okay, is their income right? Do they have the right number of kids ...? Each of these of things are data elements, yes, but they're things that are established by virtue of being able to provide one or more sets of data, the collection of which can be used if they hit a certain number of standards are used to determine yes, this person has met that criterion. You have these six criteria that are necessary for enrollment and then those boxes are checked If you fail on one of those six, if you only get five of the six, you might need human intervention for the six ... workflow to get five of them done and to kick that six off into somewhere where a human looks at it, can make the determination, and kick it back in.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

I really like the way, because that's exactly what I was trying to think through. I think you really hit something that's important. If I in my simplistic way try to understand this, the way, and I'm sort of asking in addition to saying it, that Joe Smith or Mrs. Joe Smith goes online and says I want to get enrolled for insurance. I have no idea of what I need to have. I have no idea what I'm eligible for. I know nothing. I'm completely ignorant. So the enrollment process and the initial screening gives me some sense of what's available to me. And it asks me for some questions and it says to you that have you been a military veteran. Okay, that's an important question to answer. If you have, then that triggers you, then all you should do is click here and somehow or another, it takes you to a place or some place, and this is where I'm confused, is how much do I do versus what happens automatically. But at the end of the day, I like this idea of a higher ... of data elements that sort of says if you have satisfied this, you have passed the exam, move straight to eligibility and you can move forward.

If you have not passed this one, you go to level two, three or four. Still haven't been able to verify that you are a legitimately eligible person. Now we have to have human intervention. So I think if that's what you're saying, I think it makes sense. Then the question then becomes how much of this is what is I push it through versus the system takes over for me.

Oren Michels – Mashery – CEO

That depends on good user experience So part of it is that there is not only one path through it and one of the things that you've identified, people will show up for the first time without all the information. They're going to have to be able to leave it, come back, say, "Oh, I needed to get ... number. I needed to scan this thing in and send it in and someone needs to verify it there. Or I need to find my military ID number, which is tucked away in some folder somewhere; I'll get it tomorrow," or whatever it is. So user interface for this is going to be different than the traditional concept of filling out a form because a form has a user interface of its own. It's a piece of paper that you see empty boxes on and you go and you come back and if you don't have it all, you take the things and you highlight or put a post-it on the ones you don't know. Whatever that is, you ... user interface design, so this is going to be critical.

It's one that first and foremost we have to say like the example you just gave, okay, are you a military veteran. If you're a veteran, you've satisfied numbers two, three and six of the six criteria, now with that we're going to ask you about one, three and five, whatever the numbers are We then, at a certain point, what we as the standards creators need to do is we need to say in order to play in this game, you're going to have—so there will be an exchange or in order to be a participating provider in this world, you're going to have to clear English, a way that people can understand, lay out the criteria for enrollment, the verifications that need to happen.

I think the model for it, as to use the federal form, the model for it is the I9. It shows at the bottom here's in order to establish ..., you have to have this ... a passport or you have to have a Social Security and drivers license. It can be various ... things. You gave the combinations and communications and you give the means of demonstrating each one. And then it's up to the person coding it to decide what the right user interface is in order to get people, humans, to feel comfortable and confident with ... and in turn to in order to have a successful program, which can make most of the enrollments happen without a bunch of human intervention and focus the human intervention only on the segments of the process

Aneesh Chopra – White House – CTO

Other reactions to this framework.

David Molchany – Fairfax County, VA – Deputy County Executive

There are a couple of reactions here that I wanted to pass on. One was that for especially scenario two, the lower that the income is, the people that are here in the room with me have said that's where you get issues with the stability of the data that you can actually collect. They just may not have the type of data that you want to put into the system. Another point was that for people that don't have access at all to computers, I would assume they're going to have to come into an office and then it would be an eligibility worker entering all this data for them. And again, if they don't have the data, there has to be some way for these people to make some decisions on their own to move forward the application. And then the third point was that as parents come in, they may not qualify, but their children might. So there has to be some way to tease that out, so the children can go forward with their programs and that would be in the CHIP area.

Paul Egerman – eScription – CEO

I had a similar question about the parents, which is in block one. It looks like it's one applicant. Can you enter like the parent and five children all at one time and then have the whole process apply to all six of those people?

Aneesh Chopra – White House – CTO

That's the purpose of this conversation. So that in the same vein that these are not sequential, but potentially parallel steps for consideration your point about the initial screening, should it be covering one or a group of applicants. That's just part of the question for this group discussion to say should that be the base use case we engage upon. Your recommendation, Paul, would be you'd like to see that be one that is optional for one or more than one individual to be screened?

Paul Egerman – eScription – CEO

Yes, I think that would be annoying for the applicant to have to reenter the address information for every single child ... did that.

Aneesh Chopra – White House – CTO

Other reactions?

Ronan Rooney – Curam Software – CTO & Cofounder

I think a couple of things, I guess I agree with most of the comments that have just gone ahead. To me I think that, if I could take the last one first, which was a topic about multiple people in the household, so I think in a lot of the situations that we're looking at in the context of multiple programs here, there is a grouping, which I guess we would call the social context as opposed to a family because for a lot of programs, it's not necessarily a family. It's a group of people and it's necessarily a household although that's a common term used. But ... said, the health world I guess in the human services side of this debate changes to one individual cannot absolutely have a significant impact, a positive or negative on other people in that social context.

So the need I think is probably not so much optional to have that group, but it's probably essential to have that grouping. And that has a big impact on everything from as somebody mentioned a minute ago, everything from the user interface to the amount of data that you have to collect and the dependencies between the data that you've got to collect. And then if you have that the mom or the dad and the four or five kids across four or five programs, you're talking about an awful lot of data and an awful lot of interdependencies. It leads you into an area which we would call evidence management. So you've actually got to have an architecture for how you manage that data because it's not simple. There are parts of that data that relate to each other within the context of a person. There are parts of that data that relate to other people and relate to each other in the context of that social grouping.

The other part of it, I guess, in there that there are parts of that data that are handled differently by every single program. So how each program attributes that data, back to the example we had at the beginning there from the IRS in terms of income and so on, how that data is handled by each program and applied is quite different. So something like TANF might take a piece of data that we get today and apply with effect from the 1st of July. Something like SNAP might use that data with effect from last week. So there's a whole set of complexity, I guess, is probably not represented on the picture here, but is absolutely critical to make this a reality.

The second point I'd make is that it was kind of alluded to earlier on, which was around change in circumstance. There's a time or a temporal dimension to everything on that slide. It's obvious ... represent it on the slide, but it needs to be there. All of that data, the evidence that you're collecting for enrollment and for eligibility, every single piece of that data typically has a temporal dimension, which

again varies by program. So anything that we do here has to handle that temporal aspect of the data. We don't want to do that separately for every single program, so the data itself needs to understand its temporal nature.

The other thing, I guess, goes back to one of the first points, which is where we talked in the early part of the discussion here, we talked about presenting a list of options for programs and things and maybe produce a screening. I think we talked a little bit the last day in DC about the need to ... step before that to be able to present a list of options requires some understanding of your current needs and situations. So I would suggest that we need to have something in there to identify a set of basic needs before we figure out which is the appropriate list of programs that we're going to apply to that.

The change in circumstance, I guess somebody mentioned as well, but I think that's again has a temporal aspect to it. So again, something that changes today, it might not even be for the individual that has been enrolled, but it could be related to somebody else that they have an association with via that social context that can effect their eligibility because of the connection between, for example, two programs that they're enrolled for. So a change in circumstance piece to me is quite critical and has, again, a crossover on the temporal dimension.

And last but not least I guess I'd say and again, it was alluded earlier on here, I guess, it's not so much the portal. The portal is one channel and one role I guess there's also a need to have the same capabilities available to the case workers and social workers that's available via the citizen portal, if you will.

Aneesh Chopra – White House – CTO

If I may, a key takeaway of what I'm hearing from you is in a sense the metadata standards are not really reflected, I don't know if ... reflected in the chart the notion that we would want to think about the information about the data that should carry forward like the temporal nature of, this is valid as of blah. The data I'm about to send you is valid, etc. Understanding that actually dimension standards in the context of the metadata may be an area that is not reflected on the picture, but I think capturing a little bit of what you're saying.

Other reactions to this framework?

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

I just wanted to make sure, just to take a step back, and just make sure that people realize that a number of states have currently have online application processes for a range of health and human service programs and they typically, they're Medicaid, they're CHIP, they're food stamps, they're TANF. They're child care. Some of them are many, many programs. Some of them are the kind of core four or five. But just as you all are saying, the way those online systems work regardless of their backend process is to get information about individuals, as well as their family relationships, so that they can put them in the right units for the different programs.

And so I just want people to know that this a problem that's been solved in other extremely similar context where you do need information about individuals. You need to keep it by individual because the way we construct eligibility units differs in different programs, but that that is something where if you went to the online Florida application system, for example, you would answer individual information and household information. So it will ask about income of individuals, it will ask about the address of everybody in the household. So just so people know that that is something that's being done in many places now. And even for those states that don't have online applications, it's how even paper applications are structured or how computer based eligibility systems that case workers are using.

Ronan Rooney – Curam Software – CTO & Cofounder

So in effect on block number one, if you entered six people in your household in a single data entry stream, the system could in effect break that into six individuals as it processes it through, so you can in effect turn it into six separate applications internally.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

I think this conversation has been fabulous because I think in the process of building up scenarios and policy examples, folks are also teeing up specific standards kind of apps. So the ones that Aneesh just raised about metadata, I think the fact that you can enter at different places suggest we need to think about whether that has implications ... or are we thinking about a form or are we thinking about something much more flexible. I think the idea that we need to think about to what extent we're representing rules and what the proto kind of description of a rule might look like and how to satisfy the kind of 80/20 rule. What's fabulous about this conversation is folks' ability to take the distinct policy issues they're imaging and then extrapolate that to standards job that we need to do. So this is great.

Sue Kaufmann – Community Catalyst

This is Sue Kaufmann. I'm representing Rob Restuccia from Community Catalyst. I just wanted to add a couple of things. I very much agree with all the points that have been raised about the whole issue of families versus individuals and making sure from the consumer perspective, that you can sort of leverage entering family information, but then move into the individual level. I think that world's just going to get more complex as we move into implementing exchanges in the number of the families being eligible for getting their coverage through multiple different programs and similarly to echo the whole issue of being able to make it easy for consumers when circumstances change to access their information and only indicate the changed information ... with a potential change to eligibility as simply as possible.

A couple other things that I wanted to just ask about relate to sort of that box one, the whole screening, where it talks about screening. I think just a couple of things that are key, one I think it performs a screening function in that it needs to give consumers, to the extent possible or hopefully could provide the consumer to the extent possible, some initial information about what programs they might be eligible for, or what avenues to go down. But also, perform the role beyond screening and maybe this is just terminology of being an actual eligibility application, so allowing electronic signature and whatever, so that the application process can also be performed through there. And maybe that's implicit, but it seems like it would helpful if it could be helpful if it could be explicit.

I guess going along with that, it seems to me from the consumer perspective, that if there was a principle that we could maximize the amount of electronic verification that occurs for the consumer with other systems and minimize the number of documents that need to be scanned and attached, I think someone referred to that. It's going to very much simplify the process from the consumer perspective, of course, with adequate protections for security and privacy and so on.

Cris Ross – LabHub – CIO

Good work in the deck and great comments. The one, I guess, sort of caution or comment that I would make is eligibility is clearly the foundation for a lot of this stuff, but eligibility is not enrollment. I'm thinking that in particular in the purchasing of health care choices that are embedded in the Healthcare Reform Act and with the desire to put consumer at the center, it doesn't take anything away from this piece. But I think we should acknowledge the fact that off a box six where it says send enrollment information, a lot of magic needs to happen in that box. I'm hoping that in subsequent discussions, we won't just stop at the base case for eligibility, but at least think about what the base use cases might be for enrollment. I think about things like the Medicare Part D engines that were developed to try to create consumer choice, so

that the people could decide whether they wanted to be in the program or not and if so, what program fit for them.

A simple example of I think someplace where there's going to be a lot of complexity, especially if we're talking across multiple domains and where if a consumer chooses to become enrolled in one type of program that may influence their eligibility to be in a different program. Again, to try and connect up eligibility enrollment and to create some feedback to the consumer around what their choices are.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Your point is that many of these steps get you through essentially the screening process, which will be required for the however many, 40 million, newly eligible to get you through screen to see if you're Medicaid eligible, but once, let's assume you're not Medicaid eligible, your point is there's a whole separate set of steps and purchase choices to be made by the individual that aren't yet represented here.

Cris Ross – LabHub – CIO

I think exactly right, Sam, and helps clarify what I'm saying. I also think it may affect people who are eligible for Medicaid as well. And that I assume we've aspired to try and make the consumer experience kind of equal, not depending on which program you end up being eligible for. But your comment, Sam, is right on.

Henry Chao – CMS – CTO

I just want to comment on something that's related in that one thing we learned during Part D implementation and then subsequently trying to stabilize the program right after implementation is that enrollment is a process and also a state of being as in you are now enrolled. One of the things that we discovered is that you can engage the consumer or beneficiary or client in an enrollment process by which from the consumer's perspective, they are indeed enrolled after engaging in some process. But really the rubber meets the road in that the welcome package then arrives at their door and there's a membership card. That's an actual state of being enrolled. Everything that happens prior to that we have to make it as orchestrated and coordinated in that if you're engaging in filling out a form or being given information and providing information, that that's leading them down that path. So looking at this from a consumer ... perspective, it's very important that the enrolled aspect of it is well integrated with the enrollment process, which could be two different things, and handled by five, six, seven different hops.

Terri Shaw – Children's Partnership – Deputy Director

First of all, thank you, everybody, for all the comments so far. It's been an excellent discussion and I won't repeat all of the wonderful things that we've pointed out as needing to be followed up on in terms of looking at changes in circumstances, dealing with families that have very complex situations and may have mixed status within the family, mixed information about different individuals within the family and a system that needs to be able to deal with all of that. But there's one aspect that hasn't yet come up that I think is going to be very important for this system of systems to deal with is if the goal here is for people to not just obtain coverage but retain and maintain coverage over time, that means we have to actually allow for a system that anticipates transition in people's circumstances, changes in circumstances, and enable seamless transitions among different sources of coverage over time so that, for example a person who knows that their employer's coverage is going to end as of date certain and knows that they want to be able to maintain to have a new source of coverage after that date and wants that to happen seamlessly so that their child who's in a middle of a course of treatment doesn't have to delay treatment in this change in circumstance.

The system should be able to anticipate those sorts of transitions and work through the eligibility and enrollment process because I agree with the comment that we actually need to get to the point of people actually having and being able to use coverage as quickly as possible. So we have to build systems that allow for people to enter information that is not currently applicable, but will be applicable as of a date in the future and allow eligibility determinations based off of that, which is not generally the case of our systems today, where we were asking you what your current circumstance is and making a decision based on that current circumstance.

Henry Chao – CMS – CTO

That's a very good point in that there's a kind of a demand side of this equation and a supply side and just anticipating changes overall in terms of ... benefit structures in health plan contracts on a national basis. I can tell you that in Medicare Advantage and Part D, November to December is an intensive part of the year in which we are engaging this very delicate dance with SSA to roll beneficiaries from one plan year into the next plan year. But on the supply side you have to have the products by which you can enroll somebody into available and defined before you can actually set up that season to season or cycle to cycle change.

Sue Kaufmann – Community Catalyst

While we're on the topic of enrollment here, which has been alluded to a couple of times, I'm sort of hearing almost two levels of enrollment. One is what programs a person might be eligible for. And it was referenced that a choice of one program might preclude another program and so some eligibility choices that are being made and then a second level of choice, which might be which plan or product to go into when someone is determined eligible for Medicaid or for an exchange or so on. So I just wanted to clarify that we need to keep those two straight.

Aneesh Chopra – White House – CTO

This conversation's going very, very well. I just want to formally hand the baton, if you will, over to Sam, who is going to continue this conversation as we get into—I don't know, Sam, if this is the right time to move into the next slide, but it feels like we're really moving into the discussion about specifics and next steps, if you wouldn't mind, Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

No, I'll take it. I think you're right. Terri's last comments about the flexibility that we need to have as people come in and out of eligibility for different programs was where Anne started at the beginning of the conversation. So I think we did a full round and it was very, very helpful.

I'm going to take us through the next three, four slides to talk about the various areas that we hope to focus on with respect to standards. Our goal in reviewing the next few slides is to do pretty much what we did with the last set of slide is to get your comments and discussion about are these the right areas of standard work to pursue. We built them based on the discussion at our last hearing. We initially listed three areas where we think standards are needed. And now I'm on slide ten.

Service descriptions, data elements, and verification interfaces. Oren suggested a fourth and we'll hear some discussion about that, which is that how the rules themselves are expressed, again, referring back to his 80/20 rule. In our initial meeting, we talked about our goal was to create an interoperability framework and that we hope through the standards work, that we could identify those elements that are required to be able to insure interoperability between systems.

So if we start with service descriptions on the next slide, slide 11, my sense of a service description just as a starting place is, it's essentially an agreement that kind of conveys the mechanics of the interactions

between systems. Sometimes it's the message format, sometimes it's the data type or the transport protocols or even things like the business rules, the periodicity of an exchange. So these are the areas that we think that technical standards and definitions ought to be created for, and they come again out of the conversation that we had at the last session.

So the first is initial screening based on consumer input information. The second is identity. This applicant is already enrolled in either Medicaid or one of the exchange services. The third is obtain and message back electronic verification information. The fourth is sharing a eligibility packet with programs, and here I would add to programs and health plans. The fifth is maintain eligibility information for reuse.

So let me stop with those for a second and get people's perspective on are these the right areas for service definitions and descriptions.

Ronan Rooney – Curam Software – CTO & Cofounder

I think the areas look pretty sensible to me. I guess one of the things that springs to mind when I saw the list here is the complexity behind these interfaces. When I look at these, I don't see just a set of data. I think the information that's passed, for example, is the result of screening. I mean, you could do screening at any one of an infinite number of levels. So the first thing you would have to produce is some kind of standard for what level of screening is required before we get concerned about what kind of—how we pass information about the screenings between one program and another.

I think one of the ladies mentioned earlier on in the call here that there's a lot of states have screening programs and online application programs. But if you look at the level of screening and the expanse of the screening that's carried out, it's radically different from one place to the next and even from county to county in many cases. So I think there's probably a requirement to define what screening is.

The other thing I guess when we look at the application, if the applicant is enrolled, I think brought back to our earlier discussion, it's not totally around the applicant. I think it's around the social context again because it's not just about the individual, but there could be other people who they're related to in various different ways either because they're in the case or the same household or they're actually related to them. That can impact their ability to be enrolled or to remain enrolled if it's a change in circumstance. So like the change in circumstance may not actually happen to the individual that we're looking at. The change in circumstance could happen to somebody else and we need to be able to relate it to the current individual.

One whole layer of complexity in there is just being physically capable of relating from one person to actually find the household that we need to pass the information to. So, that process of syndicating information or syndicating evidence is highly complicated. You have another layer of complexity where the information is collected at different levels by different programs. So let's say, for example, we have income that comes from IRS as a number versus maybe TANF where an income is actually a calculation based on a whole series of what are inputs including things like shared assets and shared resources and so on.

I think there's just layers of complexity hidden behind these that we probably need to get to next before getting into a lot of detail on defining the interfaces themselves. Again, an eligibility packet I would say the same comment applies. It's not just being eligible for a program. You could be eligible to have a choice of a set of programs. You could be eligible for a whole variety of different monetary amounts and for a whole variety of different periods, depending on a lot of other information that's out there. So, I think as a general comment in terms of the areas, I think these are fine. I'm just thinking of being practical in

terms of the timeline as well, there's a lot of work to be done, there's a lot of complexity underneath here that needs to be surfaced.

Deborah Bachrach – Bachrach Health Strategies – President

Sam, I very much agree on the end health plans added to the fourth on sharing eligibility packets. I tried to make that comment earlier, but for some reason, I couldn't get past mute. Because just bearing in mind that for Medicaid enrollment can be retroactive if it's fee for service. It's prospective for enrollment into health plans. So I think it's very important to add the health plan there. And then I just wonder if you could comment on message back to whom. Is that to both the consumer and to the program?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes, it's messages to everyone who needs to receive the information about eligibility determinations or if determination doesn't happen at this level, just the packet of information that would be acted upon later. So it depends on what the process is and who needs to be notified afterwards.

Deborah Bachrach – Bachrach Health Strategies – President

I think that's right and I think because the consumer will want to verify again in a sense and then obviously for any determination that information needs to flow to program.

Henry Chao – CMS – CTO

Listening to what Ronan was saying really this is what I derived out of it, and I apologize, Ronan, if I'm recasting kind of your emphasis. But on a separate, but related new angle is that beneath the use cases, there are the business level services that we need to at least define or take a couple of iterations of before we actually get to identifying what potential data elements and the standards and protocols that are used because I think the complexity that Ronan is referring to is within those business services.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think that's right. One example that Ronan mentioned, relationships between family members, a complex set of rules around that.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

One of the things that I think I'm almost in a wishful thinking phase, but as we're talking about what the data really breaks out to be under this use case, it seems to me that a big miss the mark would be to collect a bunch of data and have that not be what is used for the actual application or enrollment process. And then what's a difference between what a person says their income is, for example, versus what we verify through FSA, for example. So I think there's a situation where you get information from the person to screen, but you also pull information from entities that really have verifiable information. So we have to make sure we recognize both of those sources. But I really would hate for us to go through this entire process and find out the entire collection on the front end wasn't really used in any of the actual processes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

We agree with you. Let's use that as a segue to just, and maybe I should have gone through slides 12 and 13 so we have a full breakout of what we hope to be able to look at. The second on slide 12, we're looking at data elements and are there standards needed to define a core set of elements, knowing from our last conversation that in many instances because we're not going to change every data element, there will be a certain amount of mapping involved. But are there a core set of data elements that we want to make sure that the standards are represented. For example, using something like the U.S. Postal Service core data elements for the way an address is expressed.

So one of the things that staff is doing is taking a look at what are the core data elements in use today across states. And then if you turn the page to the verification interfaces, you're exactly right, Anne. We want to make sure that the eligibility information that is collected is done in a way that we're able to use as much as possible the electronic verification interfaces for things like residency, identity, citizenship, income, household size, the things that are represented if you go all the way back to the diagram. What we're hoping to be able to get from you is is this the right characterization of how we ought to be looking at verification interfaces.

We want to identify and try to understand how widely these things are used. We heard a great example of batch interface with SSA. Is it possible to make these more real time interfaces? One of the things that I heard strongly said at the last session was the more electronic interfaces can be used for verification the fewer questions that will have to be asked. And certainly as somebody said a minute ago, the burden will come off the applicant and the family for supplying all those hard copies. There's a question about whether the agencies would do the verifications or whether these would be conducted actually by the applicant, mediated by the applicant themselves, like the example that we heard of from the IRS.

So take a look both at 12 and 13 and make sure that the way we're beginning to define the kinds of core elements that are needed and the questions we're raising with respect to verifications adequately address the concerns that you have.

Henry Chao – CMS – CTO

Are you saying that the part of the standards definition process includes a framework that everybody can agree on that there are these de facto verification against certain authoritative data sources by which it is widely accepted from once the exchange environments are established that this is what everybody will use as the default authoritative primary, secondary, tertiary sources of data?

Sam Karp – California HealthCare Foundation – Chief Program Officer

In an ideal world, again, we're not driving the policy. So the read that we have and we heard from CMS suggest that as much as possible that that would be desired.

Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy

I think that to some extent that is a policy call. Some states use Some states do after the fact verifications. Some states do preemptive verification. And we'll find out more from CMS about what will happen under this environment. But the point is that the number of characters by name, the fact that we get income by individual, by source, by date that would be a big advantage. Some states share income across programs by household. Well, as we've already heard earlier in the call, that's just completely not useful because you have to be able to disaggregate by individual, by date. So I think consistency about how information is shared and considered verified would be a huge advancement forward.

I, guess, Sam, I had been trying to get in for a while on the last section, so I just want to throw in a comment that while I certainly hope that the information that states and that we all agree that you can apply for other benefits on this system and it gets forwarded, another possible scenario that I'm not advocating for, but I want to lay out is that that information is available for the other program to use. So, for example, if SSNs have been verified by the exchange or by this portal, and then I then two weeks later go in to apply for SNAP somewhere else and present the same SSN, there's no need to do a SSN check because the agency has it already. I would hope that whatever is done here is available with other programs.

Terri Shaw – Children's Partnership – Deputy Director

On a similar note, the standards that are described here talk about identifying if an applicant is already enrolled and separately getting information for verification purposes. The last comment was about making sure that any information that's provided to this portal can be used for other programs. By the same token, there is an ability now to express lane eligibility and enrollment, where you can actually use the determination that was made by another program like SNAP as a determination for eligibility for or some portions of that as determination for Medicaid. So you don't actually have to verify that information. You can just use the determination from the other program in your Medicaid determination process.

So I want to make sure that we're not losing that ability as well to not verify, not necessarily obtain information but to actually use the other program's determination in this process.

Sallie Milam – State of West Virginia – Chief Privacy Officer

I have a slightly different thought along the privacy lines. Since some of the programs that we're dealing with are HIPAA covered entities, such as Medicare, Medicaid, CHIP, we're going to need to make sure that in terms of the payment activities that the information really meets the minimum necessary standard or works within the HIPAA framework.

Sam Karp – California HealthCare Foundation – Chief Program Officer

That's right because largely, Sallie, these applications are going to be HIPAA—These are HIPAA applications.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Sallie, thinking back to the chart, at what point in the process would, and I think we might have touched on this in our last meeting, would the information be considered to be in HIPAA contact?

Sallie Milam – State of West Virginia – Chief Privacy Officer

Well, say somebody hits the portal and their intent, who knows what plan they end up being eligible for, but say, their intent is to get on with Medicaid, so they're putting all of their information in. Say, a variety of databases pull information from the client as opposed to the client pulling it. I'm wondering, we just need to make sure that when we get information from a client for a Medicaid purpose, or a Medicare HIPAA purpose, that it meets minimum necessary and that there would be some sort of statutory basis to repurpose it or use it for any other sort of eligibility.

Paul Eggerman – eScription – CEO

Or the applicant gives permission to repurpose it for other—

Sallie Milam – State of West Virginia – Chief Privacy Officer

Exactly ... database is much like the IRS model.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Right because the minimum necessary is meant to protect the applicant in large part, so to the extent you have another way to get that consent.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Right, I guess I was just looking at slide 13 where we have a bullet on limitations on how information can be used, reused. I thought we ought to maybe consider adding a bullet with respect to minimum necessary just to insure that we don't run afoul of that.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good suggestion.

Paul Eggerman – eScription – CEO

May I ask a question about slide 11, the cross cutting services standards? The last three of those listed are in the process of being defined for NHIN, the National Health Information Network, which is supposed to be how covered entities talk to each other. So it seemed to me since the policy committee and the standards committee are defining those, this group should use the same definitions.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Claudia, is that your sense?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Yes, certainly at least immediately for the NHIN Direct scenario and exchange. I guess the question we'd have to ask is whether in the context of the sort of usage we're thinking about it's different than either the exchange or direct scenarios, which are health information sharing mainly between providers. So we may just need to do some circling back to our team and figure out. I actually think for authentication, well, so we're talking about a different class of people that are getting authenticated here but it may well be that the same standards can apply.

Paul Eggerman – eScription – CEO

And also, Claudia, it's not just clinical information. NHIN Direct, it's being used for a series of administrative things, submission of ... forms. The use cases include checking eligibility by providers. And it would just seem that if we could reuse the standards, that's a good idea. I think that's got to ... to one of the principles.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Absolutely.

Paul Eggerman – eScription – CEO

What do you mean by authentication consent? I'm a little surprised that both of those are in one line.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

In one scenario you—I guess we were thinking about the consumer role here, either being authentication or consent, maybe not both depending on the model. So in one case, you'd be actually doing ID resolution and authentication on the person. Probably you need to do some level of that no matter what. If you're in a consumer mediated model and they're actually going out and retrieving, let's say, their tax records, you'd need to think about what level it's required. Or you need to ask consent to have the sort of system do that for them.

Paul Eggerman – eScription – CEO

That's a different kind of authentication that I thought. So NHIN Direct may not—I mean, ... NHIN Direct, it's more of an authentication that the sender or the receiver who they say they are, as opposed to the identity of the individual on the Web portal, but—

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

We'll have to think about—we'll do some homework with the team and figure out to what extent that's applicable.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Claudia, as you look at that around the same issue with consent, part of what drives the HIE consent or health information exchange consent model is that each state may have its own laws and standards. Is

that the same with health insurance exchange and the portal that we're looking at? Is it based on each state having its own standards? Or is there something in the Affordable Care Act that sets a standard for consent for this portal that we're looking at?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Sallie, those are excellent questions. I'm guessing we're going to have you on a call very soon to talk ... more. Those are just the right questions to tee up. I don't know that we have the answers yet. I don't recall, and maybe Sharon or others who have looked even more at the ACA, I don't recall that it speaks to consumer consent in a very robust way. It generally speaks to consumers using the information and having ready access to it and having multiple pathways to enroll, but I don't know that it addresses that.

Paul Eggerman – eScripton – CEO

Aneesh presented last week at the policy committee and after he left, there was a lot of concern about exactly this issue about consumer consent and sharing of information.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

We have to discuss them with Gayle and others. So, why don't we tee up a separate, we're going to be pulling several of you off to advise us, kind of to bring information back to the group. So what we might do is get Joy and use Sallie and a couple of us a do a little bit deeper dive into this issue.

Sallie Milam – State of West Virginia – Chief Privacy Officer

Sure, I'd be happy to.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Why don't we do that, Claudia, and then present it on the next call or I'm not sure that Friday, but maybe the following call looking at the results of the group.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Yes, that would be great. Okay.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Other conversation about how we're going to look at verification interfaces or the data elements or service descriptions?

David Molchany – Fairfax County, VA – Deputy County Executive

We had one question here in Fairfax. I'm glad we had the discussion a minute ago about the health information exchanges because we were talking about that here. One of the people that's with me is actually working with Commonwealth of Virginia on that project. So, that's good that we're going to look at how these two things relate. The second thing, we had a question about whether comprehensive business processes were defined and that's what this is all based on, and if so where we could see those.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I don't believe that they have been defined yet. In part we're waiting for some policy direction from CMS with respect to how income determination is going to be done, given the new modified adjusted gross income rules and also the time limitations of having to go back to old rules. So we're waiting for some direction from CMS on this and then the last conversation, I don't know if Penny is on yet or, Sharon, if you want to comment on it. They're not there yet and won't be there for at least another period of time.

David Molchany – Fairfax County, VA – Deputy County Executive

The other question we had was as we go through this with the business process and how this all will work, there will be exceptions probably throughout all these processes. We were assuming then this would all drop— Basically, I would assume there's a process that if there's partial data filled out, bits of data filled out that just don't make sense, will this somehow drop down to an analyst at the state level, I would imagine or somewhere, local level to basically go through and figure out what to do next? Because I would imagine the system won't know what to do.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think that you raise a question that we need to consider that it works that way in some systems. In other systems you can't submit an application until it's been completed. So, the applications are suspended and then assistance is provided. But you raise a good question I think we need to address.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

I think in one of the use cases and, Bobbie, you can fill in here, but I think especially where there's an online application that can be served by multiple programs, one way to resolve that at a policy level is to say the easy cases are handled in this kind of coordinated, centralized way, that's our 80/20 rule, and the programs, meaning, let's say, that it gets pushed to Medicaid when it's in one of the exceptions. So I think that speaks to this question of we need to be flexible to be able to have this represent a robust set of business rules or perhaps a more narrow one and I think we'll need to push our own thinking about what that implies for the standards we need. I don't know the answer to that yet.

Bobbie Wilbur – Social Interest Solutions – Co-Director

I think that's right, Claudia.

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

I think ultimately there are policy choices that will have to be made about what constitutes an application. So in some programs, name, date and signature, I'm going to get this sort of wrong, but that constitutes an application. It's obviously not a complete application that can be acted on, but it constitutes an application being filed and there will have to be work though. I'm not sure it's really standards work as opposed to policy work. It hard for me to sort of sort those two out about what constitutes a filed application and then what the obligation is either of the state's Medicaid agency or the exchange agency when there's partial information. I would say that for people that have ever worked in the disability context and with ADA, that there are serious concerns about saying if absolutely every "I" isn't dotted and "T" isn't crossed, you can't file because it just hinders people that may have a range of—either they're confused or they have a range of issues that make it hard for them to potentially answer every question.

Sam Karp – California HealthCare Foundation – Chief Program Officer

So, Sharon, you have I think as you correctly said, the challenge of that circumstance on one hand and other hand, the new requirements in the ACA where you're ideally supposed to ask an applicant for all the information that is needed one time.

Sharon Parrott – Secretary Sebelius – Counselor, Human Services

Right, but there's a difference between asking it, so that one time if the person can provide all the information, you have it all and you can act on it, right. That's a good thing. We want that. But that's different than saying if you can't submit a perfect application, you can't submit an application at all. And I think that's—Right and so there's a decision there to be made about what happens when a person can't for whatever reason submit everything. Therefore, you can't act on it right away. Obviously, then, there has to be probably human interaction with that person, right, but I don't think that contradicts the idea that ask it once, act on it. Ask everything you need, ask it once and act on it. I think that's right. I think this is when people can't do that.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Right, that's right.

David Molchany – Fairfax County, VA – Deputy County Executive

For some of these questions, would we go back to the state program directors, the different programs and sort of get some input from them?

Sam Karp – California HealthCare Foundation – Chief Program Officer

This is part of what we described as a listening tour and staff is trying to set up those sessions where we can get that kind of input, yes.

David Molchany – Fairfax County, VA – Deputy County Executive

And there was dead silence when I brought up the business process design, was there any answer at all?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs Could you repeat the question?

David Molchany – Fairfax County, VA – Deputy County Executive

Yes, we were wondering if there was a business process design, detailed business process that sort of drove where we're going with this and if that's been done. The answer I got was that that was sort of being worked on, but it wasn't there yet. We were trying to figure out where it really was and when it was going to be done and how this process is going to be validated against that.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

I guess two responses, one is that in large part the picture, the graphic, represented what was relayed in this section of the act, as far as the capabilities of the system. What we're proposing is that rather design a system for a particular, like for exchanges, we would like to design a set of standards and protocols that could fit a variety of different scenarios or use cases. So one might be the exchanges, one might be the rest of Medicaid and TANF/SNAP if they remain separate. One might be a conception of a combined system. We think there's going to be heterogeneity. There's not going to be one model. We'd like to have standards that can be flexible to work across those different scenarios.

But, I think you do raise an important point, which is there are set of policy discussions obviously underway right now for the exchanges and those are not completed. It would be great if we knew exactly what the data elements were going to be for eligibility determination for exchanges. So we could then map that to what we know to be Medicaid and what we know to be TANF/SNAP, etc. We're going to have to do our best to both expose decisions as they're made and made public, but also based on what's actually in the act say, we know there's going to be a data element for households and we think it's going to look like this. So, we're just going to have to have a little bit of creativity in figuring out how to make some reasonable assumptions, so that we can move forward and see how to create something flexible across these different scenarios.

Steve Fletcher – State of Utah – Chief Information Officer

Don't we have in a lot of states on some of those determinations and some of those standard, well, not standards, but methodologies already in place and wouldn't we look at some of those states that have done those types of things that have screening capabilities, that have integration among a number of different programs? Wouldn't we want to look at how they are doing that and then bring some of those up to get a common idea on how to process that data?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Absolutely.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Claudia, do you want to talk a little bit about staff work and consultant work that's going on in that regard?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Sure. We view this process as very iterative. Just even in this call, I think we've teed up four or five jobs that we need to go off and work on like the privacy discussion we just had. So likewise based on our initial discussion a couple of weeks ago, we've teed up specific work and Bobbie Wilburn and Claudia Paige who are both on the call today are being enormously helpful in doing some of that ... work. So, for instance, for this Friday's call on verification interfaces, they've gone off and collected some initial information about what verification systems are currently used, what data's being messaged back. Is it batch? Is it real time? Are they using Web services? What authentications are required? What the matching algorithms? So that we can come back to you with basically an inventory of that information, so that we can then say here's the opportunity for standardization, or here's how it may work in 2014.

Likewise for the data elements, we're doing the same thing. I think what you just teed up, Steve, is something a little different, which is very important, which would be to look at your system, California's system, Wisconsin at some of these basic, I think especially around some of the services we've teed up and ask how is it they do it, what's required, what are the processes and are there important lessons to be learned. So we view our work as being very iterative against the decisions and discussions in this group where our job is to go off and bring you back the information. I know Ruth and Debra and Steve will all attest, we are not shy in following up with each of you to see if you can help with that process. So, for instance, we have already emailed Steve and Gopal and Ruth and others to say on the ... interface piece, could you help us here be sure we understand how you do it.

So there's going to be hopefully a well oiled process and machinery because we know how precious your time is. We need to be making decisions on such a sort of rigorous schedule that we can't afford to have a meeting and then talk again about what we need. We need to be able to bring you guys back what you need between these meetings.

So, if there are things, light bulbs that go off for you in the calls that you don't get a chance to discuss, things that you think would be useful to research, please just send us an e-mail and let us know. We'll try to be as responsive as we can.

Steve Fletcher – State of Utah – Chief Information Officer

And I think that if you do that, then a lot of these questions that have been raised about how do you go about it and how you're going to collect this information will have been addressed. Most states have to address that even if it's a manual process. They still have to address those issues. So if somebody has now put that into an electronic process, then those folks have addressed those issues also.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

One of the challenges we're going to face is I think what we'll find in a lot of these areas is everyone's address had to do the initial screening information. It won't look the same. They won't have the same data elements, but there may still be some sort of do we want them therefore to rip and replace their systems, probably not. But we may still want to say in general we should be moving towards consistency around these two data elements, there the most important and a more agile, consumer friendly way to do X thing. So I think we'll see a great diversity, and our challenge is going to be how to bring it up one level to say what does this imply for the kind of standard decisions, recommendations we should be making.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any other comments about the approach that's being proposed? Claudia, would you take us through the next couple of slides and make sure we're all in synch with respect to the timeline?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Absolutely. So this coming Friday, the 2nd, we want to tee up a discussion about verification interfaces and as I just mentioned, we are very grateful for the information that's already been offered by several states. Ruth, Steve, and others, we know things are crazy for you, but it's very much appreciated that you can do a little bit of digging for us, so that we can represent a slightly broader representation of states.

The meeting after that we proposed to focus on core data elements remembering that at least in our initial conception, and we can revisit this in the meeting, we particularly want to think about ways to characterize the data mapping for those data elements that need to move at key handoffs. So let's imagine that a pocket of information moves from the exchange world to old Medicaid world. How can we characterize the data elements for things like income and household, so that they can be mapped between those two programs? Or maybe they're areas like for instance if ... looking at last year's income and Medicaid looks at most recent, there may not even, in fact, be a way to map. So the challenge for us there is to define the sort of core set of data elements that are going to be particularly critical across programs and figure out the way that we don't end up with problem Stacy described where you could have asked for slightly more detailed type of household information that would have allowed me to use that information for another purpose.

We have two meeting in here, July 19th and 17th that we've left unassigned. We're sure that there will be new topics teed up during discussion or perhaps we'll find that we don't need those sessions. So we're just keeping them on the books for now and we'll come back to how we want to use those.

We have two different sessions on services descriptions. There's a lot to go through there. I think Steve just teed up a great idea to walk through some of the examples from states that have done this and see how they're doing these different things. We also have those cross cutting domains, like authentication and encryption that probably require a slightly different set of experiences and examples to be brought forward. So we've spread that across two days.

We understand that it's summer and that folks are going to have plans, and won't be able to make each and every meeting. But I think today's rich discussion shows how much value we get from having so many of you on the call, so we'll just have to sort of assess as we move forward. That we want to be sure we have a critical mass at every meeting and figure out how to accommodate that.

One of the things that we are really ultimate working towards are a set of at least principles or the high level recommendations that could be used in prototyping systems. So the second to last session we've laid out would address those sort of if you were emperor for the day and could say here are the technology principles or here's the next steps for prototyping, what would those be. We want to be sure we capture that level of information, too, because whether it's through specific grants or ... or through exchanges or through Medicaid systems, there will be a need to prototype these standards and to reference implementation of them. And finally, we envision an in person meeting September 9th to tee up our final recommendation.

So, I guess two requests and comments, one is maybe, Judy, we can work together to figure out the best way to kind of keep tabs of whether people are planning to participate or not. If we a real risk period for

one meeting, see if we can shift things around a little bit. In particular I know we've heard that some states are closed this coming Friday. Maybe we can figure out just a quick and dirty way for doing a quick check-in to be sure we have situational awareness of who can make it and who can't.

I'm also noting and maybe just put it out there for general discussion, my preference would be to maybe do one more in person session in the middle. I think so much is gained from sort of seeing each other's eyeballs and a slightly more rich kind of discussion I think ensues. So I don't know if folks have any thoughts or comments about that. We really wanted to minimize travel, especially for our West Coast colleagues, but would there be openness to doing one more in person meeting maybe sometime in August? You can react strongly for or against and then we'll get back to you.

Oren Michels – Mashery – CEO

In person makes a lot of sense to me. This is Oren Michels from Mashery, a West Coast person.

Ronan Rooney – Curam Software – CTO & Cofounder

Yes, I agree, Ronan here.

Oren Michels – Mashery – CEO

I would also like to see one of these ... sessions devoted entirely to how you standardize the whole rules, elements and rules processing. I think it's sort of getting left aside. If you're looking at having a task to actual sample applications being built, it needs to take equal billing with data standards and the rest of the topics ... there will be no sample applications because ... program—

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

And I'm actually sensing a new tiger team, which would be something on the order of Oren, Bobbie, maybe Ronan to think about what kind of discussion we need to tee up in that area, folks who have actually built things. So, maybe we can—

Oren Michels – Mashery – CEO

Reed, as well. I think Reed would be great on the team.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Okay, great.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

I'll be happy to join.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Okay, so maybe we can work together in a small group setting to figure out what we want to tee up for the group. Okay. So what I've heard is only positive noises about an in person meeting sometime in July. Again, we don't want to ask too much.

M

I thought you said August.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

August, okay. Yes, I did say August, didn't I?

M

Yes.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Maybe the 12th or the 17th. Okay, well, we'll work on that. All right, let's move on to page 15 and this is just our posted agenda for this coming Friday. I think we felt that it worked very well to have specific concrete examples teed up in our last meeting. We wanted to continue that model by having a couple speakers. In particular, we haven't heard from DHS about how it's created its verification interfaces. There's a verification interface envisioned for health reform from DHS. It's a little different from the ones they already have.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Let's be clear, Claudia, when we say DHS, we're talking about Department of Homeland Security.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

That's correct, as compared to DHHS, yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Right.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Yes. There are a couple of other speakers that we're trying to get teed up for that discussion. I do want to highlight what I think is a hard tension here, which is that we are on a really quite a rigorous timeline and I think we're going to want to drive as much as we can towards having even just the skeleton of recommendations by the end of every call. So we'll work, Sam, with you and with Aneesh to think through how to make sure we leave the time and have the necessary inputs that we can at least say at the end of the call where are we, here's the ..., what do you guys think because we're not going to have the luxury of being able to go back at the end and synthesize all of that once and for all.

It won't always feel comfortable. I think it may often feel premature. Maybe in some recommendations we say this one we really need to go off and think a little harder. But we would love your indulgence to see how far we can take it in every call, so that by the end of the series of calls, we have a set of robust recommendations that we can kind of look at as a package and be sure we're where we need to be.

So the last page on the 16th—

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

I just want to make sure because I stepped away for a couple of minutes and may have missed it. But you started to talk about some tactical cases as you have these speakers. I'm wondering again is it possible to or is it useful to envision a few boilerplate scenarios, so that you really kind of get a sense of how this stuff would work in real life. We have lots of theories here and we have ideas in how things might fit together. But is it unrealistic to sort of try to take five case studies and theoretical and sort of how does that sort of work through or are there just so many different permutations, that picking a few would be irrelevant?

M

And following on to that, would it be useful to have the groups be a demo of rule based enrollment engine that was designed to do something fairly similar to this that a group of engineers—

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Yes, that's exactly it. As you start to have—because we had a good round of first speakers who gave us very good stuff. Utah was terrific in terms of what they can do. And so maybe if the people that come behind us now would say is okay, here's how it actually really works. In fact, there are solutions for permutation A, B, C, D and E. By the way, there is none for problem F L and L and G, so I don't know. But I mean it's just a sense of starting to really zone in on this in a little more practical sense.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

I think that's a great idea—

M

Yes, I have a recommendation of a possible speaker on that as well.

Sam Karp – California HealthCare Foundation – Chief Program Officer

And who is that?

M

A gentleman named Jack Irby. He was the CTO at ... HR and he's been working on a new enrollment system that really speaks to a lot of the scenario and stuff that we've been talking about today.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Could you get the contact information to Claudia, please?

M

Will do.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Okay, great, thanks.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

A great suggestion. We may actually try to and create even a separate session that people could participate in if we find that there are some examples that we can't fit in the ones we already have. So, okay, fabulous.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Let's turn to page 16 just as a closing point, Aneesh and I put up a blog post on the FACA blog. We've already had, the last I looked, 23 or 24 responses.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's right.

Sam Karp – California HealthCare Foundation – Chief Program Officer

And so we're encouraging you all to help us spread the word about the desire to get feedback.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

That's actually a bit of an under count because we're also getting some e-mail suggestions. But the more kind of real world, here's our experience and both from the domain of state programs and how they're tackling this, but also I think from the more kind of Web world would be really, really appreciated. So we've already gotten some very good, thoughtful comments, so that we feel very lucky. We did quite a bit of spreading the word ourselves. We got the ... state Medicaid directors and I think ... and to some other groups.

So our next meeting is this coming Friday from 11 a.m. to 1 p.m. Is that correct or do we have three hours?

Judy Sparrow – Office of the National Coordinator – Executive Director

It's 11 a.m. to 2 p.m.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Okay, 11a.m. to 2 p.m.

Judy Sparrow – Office of the National Coordinator – Executive Director

And we also need to take some time now for any public comment.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Okay, thank you, Sam. So I'll hand it back to you.

Sam Karp – California HealthCare Foundation – Chief Program Officer

All right, thank you, Judy. Is there any public comment? Now is the time for it.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, could you tell the public how to access a line please?

Coordinator

(Instructions given)

Sam Karp – California HealthCare Foundation – Chief Program Officer

Hello, if you're just joining us, this is the time for public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Do we have any comments, Operator?

Coordinator

We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, thank you. Thank you, Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

All right, thanks, Judy. Thanks, everyone, and we're assuming that the meeting on July 2nd is actually going to happen at this point. As Claudia suggested, if there are state government or county government folks on the phone who are not going to be in attendance, please let Claudia know, so we can get a sense from you about whether that's possible or not. Thank you all for participating. We'll talk to you on Friday.

Public Comment Received During the Meeting

1. Won't there also be use case for individuals and families seeking insurance and not interested in federally supported care?